

Application Data Sheet**Application Information**

Application Type:: National Stage
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD disks::
Number of Copies of CDs::
Sequence Submission?:: None
Computer Readable Form (CRF):: No
Number of copies of CRF:: 0
Title:: CATIONIC LIQUID STARCHY
COMPOSITION AND USES THEREOF
Attorney Docket Number:: 0600-1054
Request for Early No
Publication?::
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 0
Small Entity?:: No
Latin Name::
Variety Denomination Name::
Petition Included?:: No
Petition Type::
Licensed US Gov't Agency::
Contract or Grant Numbers::
Secrecy Order in Parent No
Appl.?::

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: RÉGIS
Middle Name::
Family Name:: HOUZE
Name Suffix::
City of Residence:: TOURMIGNIES
State or Province of Residence::
Country of Residence:: FRANCE
Street of Mailing Address:: 3 CHEMIN MADAME
Address::
City of Mailing Address:: TOURMIGNIES
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: 59551

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: MARIKA
Middle Name::
Family Name:: LADRET
Name Suffix::
City of Residence:: LOMPRET
State or Province of Residence::
Country of Residence:: FRANCE
Street of Mailing Address:: 2 RUE DE AL CHAPELLE
Address::
City of Mailing Address:: LOMPRET

State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: 59840

Correspondence Information

Correspondence Customer 00466
Number::

Representative Information

Representative Customer	00466
Number::	

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/FR2004/001708	7/1/04

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
FRANCE	03/08327	7/8/03	Yes

Assignment Information

Assignee Name:: ROQUETTE FRERES
Street of Mailing
Address::
City of Mailing Address:: LESTREM
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: 62136